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ABSTRACT

GRADES OR AGES: Secondary grades. SUBJECT MATTER: Drugs and drug abuse. ORGANIZATION AND PHYSICAL APPEARANCE: The guide is divided into several sections, each of which is in outline or list form. It is xeroxed and spiral-bound with a paper cover. OBJECTIVES AND ACTIVITIES: No objectives are mentioned. The major portion of the guide contains a detailed content outline for a course on drugs. It is divided into five units according to the type of drug--stimulant, depressant, hallucinogen, narcotic, or malatile. The guide also contains a very brief outline and schedule for a 10-day seminar on drugs. INSTRUCTIONAL MATERIALS: The guide contains a glossary of slang drug terms and extensive lists of books, journal articles, filmstrips, videotapes, and other sources of information. STUDENT ASSESSMENT: No mention. (RT)

ED054127

DRUGS AND DRUG ABUSE

Revised 1970

U.S. DEPARTMENT OF HEALTH,
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To All Who Would Know

by

Lyman, the Avatar

To speak what is on your mind from your heart, that is

COMMUNICATION

To let whatever you are feeling show on your face, that is

COURAGE

To forfeit what you want to do and accept what you have, that is

HUMILITY

To read these three lines and think of yourself with satisfaction,
that is FOLLY.

To read these three lines and doubt you could ever possess such
virtue, that is WISDOM.

To fulfill what has been set forth in these three lines, that is
your DESTINY.

DRUG USE AND ABUSE

Introduction

Most parents have associated the abuse of drugs with the core city. Now, however, figures tend to show that the suburbs have had the fastest growth rate in drug abuse in recent years. Thus, it becomes essential that increasing concern be evidenced by all segments of our society: students-parents-teachers. Given sound information most teen-agers can develop a healthy mental attitude toward a given problem. Others, less able to aid themselves, may need a teacher's guidance in order to arrive at rational decisions.

The teacher needs to make himself as expert as possible, however, primarily so that the student will not "tune him out." In line with becoming such an expert there are a number of good to excellent filmstrips available as well as television tapes and films. All of these will be found in the units bibliography. The best of these seems to be the series produced by the Education Division of WGBH TV Boston, Mass. for the 21 inch classroom series.

This series consists of four one-half hour programs which record the discussions of students, teachers, parents, and doctors on drugs, and then two doctors, experienced in working with drug users, talking to young people who have used drugs. Some of the questions that have come up in these discussions and for which the teacher should be prepared include:

What do the drugs look like?

What is their history?

What do people see and hear when they take drugs?

How could I get help for myself or someone else
if "hooked?"

How can you tell whether an ordinary cigarette
has marijuana in it?

What does marijuana do to the mind and body?

Does LSD cause brain damage?

What are the laws about marijuana and LSD?¹

Also it mentions a number of reasons young people give for taking drugs:

To seek thrills and pleasure.

To experiment because they are curious.

To prove their courage by doing something dangerous.

To escape reality.

To escape parental nagging.

To be different.²

Some questions the teacher might wish to raise include:

What effect does marijuana have on your mind and body?

Is "pot" habit forming?

Does "pot" lead to more powerful drugs?

Why do we know so little about marijuana and its effects?

What are the legal consequences of marijuana possession
and use?³

¹Drugs Use and Abuse, Teacher's Guide. Produced for The 21 Inch Classroom.
The Education Division WGBH, Boston. p. 9-10.

²Ibid. p. 10-14

³Ibid. p. 16

Also of note is what Mark Cohen, a deputy assistant Attorney General for the Commonwealth of Massachusetts is quoted as saying in the WGBH TV booklet:

"Up to this point in the program only the physical and psychological effects of marijuana have been discussed as reasons for deciding whether or not to smoke it. The user of marijuana is as guilty of breaking the law as the user of hard drugs. Being in possession of marijuana is illegal. If a user is caught he becomes a convicted felon, and this conviction becomes a part of his permanent record. Mr. Cohen suggests that each person first decide "in the abstract" whether his own personal pleasure is enough to justify breaking the law."¹

Much of the material in this introduction help make the teacher as well prepared as possible to cope with the questions that students might raise. In the other sections of this unit more specific information will be given as to how much a unit might be used in the classroom.

Certain points that the teacher should be aware of and that are the result of the TV series (parts 2 and 3) are:

Doctors to whom addicts go for help are not required to report the person and very likely would not since that could discourage many from seeking help;

The crime is being in possession of the drug, not the state of addiction or intoxication;

Doctors also say that the people who are afraid to grow up are the kinds of people who take drugs to escape the responsibilities of maturity;

¹Ibid. p. 17.

There is no way of knowing how many marijuana users move on to stronger drugs since there is no way of knowing how many people have smoked marijuana;

The students hold that it is possible to decide against using drugs and not be criticized by their peers;

Due to a lack of open discussion about drugs between adults and young people the problem of drug abuse continues to grow.¹

Additional helpful background information is provided by Dr. Graham Blaine, Jr., Chief-Psychiatric Services, Harvard University Health Service, when he says, "The teacher should know more than his students. However, a lot of people are fooled into thinking that kids know more than teachers. The kids are full of misinformation. But if they know the teacher is making a false statement, they won't listen any longer." He suggests that teachers:

- (a) Check out the accuracy of what they know about drugs.
- (b) By talking, satisfy a lot of curiosity and take the mystery out of drugs.
- (c) Not allow anyone to romanticize drugs, so that kids will take them just to satisfy their curiosity.²

Dr. Masland, his fellow-researcher on the WGBH programs, adds this suggestion for teachers: "Of great importance will be our ability to inform without sounding pompous and pontifical."³

A further suggestion that seemed worthwhile for the teacher to try was role-playing. Often it helps the students to express themselves freely. A mock trial might be set up with policeman, etc. It is important, they point out, that the students arrive at their own conclusions. Finally, they include, and we feel it worthwhile to do here as well, a list of possible

¹Ibid. p. 22

²Ibid. p. 23

³Ibid. p. 23

points of interest for the teacher in follow-up discussion programs.

Does a person have a responsibility beyond himself?

How do people who don't take drugs deal with problems and feel good? Are their methods available to everyone?

What kind of learning situation do they think would persuade younger children not to smoke pot?

What is their definition of a mature person?

To whom do your students talk when they have a problem?

Have certain social (family, local, international) events affected drug usage? How?

How are a drug user's finances affected?

How does the use of various drugs affect the mind and body?¹

There are a number of definitions used in relation to drugs that a teacher must be aware of in order to discuss drugs in an intelligent manner.

1. Dependence - a state arising from the repeated administration of a drug on a periodic or continuous basis. Refers to a type - examples:

"Drug dependence of the heroin type."

"Drug dependence of the cocaine type."

"Drug dependence of the barbiturate type."

- a. Physical dependence - an adaptation wherein the body:

1. "learns" to live with the drug
2. "learns" to tolerate increasing doses
3. reacts with withdrawal symptoms when deprived of it

- b. Psychological dependence - an emotional desire to need to continue using the drug for whatever effect the individual finds desirable.

¹Ibid. p. 25-6

2. Tolerance refers to the body adapting to the substance so that increasing doses are required for any or all of the following reasons:
 - a. In order to obtain an effect equal to the initial dose.
 - b. To prevent withdrawal symptoms.
3. Withdrawal - the reaction occurring in the body when a drug on which the body has acquired dependence is withdrawn.

(Typical - varies with the degree of physical dependence, is related to the amount of the drug customarily used and to the individual's physiological and psychological reactions.)

- a. Onset may start from about 4 hours on after last dose.
 - b. 12-24 hours:
 1. eyes and nose run
 2. excessive yawning
 3. excessive sweating
 4. pupils dilate
 5. "goose flesh" may appear
 - c. 36 hours:
 1. Cramps in back, legs, abdomen
 2. painful twitching
 3. vomiting
 4. diarrhea
 5. loss of appetite
 6. fever
 7. jerking of leg muscles (kicking the habit)
 - d. 48-72 hours (peak of suffering)
 - e. 5-10 days - (tapering off period, symptoms gradually diminish)
 - f. weariness, insomnia, nervousness, muscle aches, pains may persist for several weeks
 - g. In extreme cases, death may result.
4. Addiction - a state of periodic or chronic intoxication produced by the repeated consumption of a drug and involves tolerance, psychological dependence, usually physical dependence.

5. Habituation - a condition, resulting from the repeated consumption of a drug which involves little or no evidence of tolerance, some psychological dependence, no physical dependence, and a desire to continue taking the drug for the feeling of well-being.
6. Abuse - drugs that are not obtained by prescription, used without medical knowledge or supervision, used in amounts beyond that for which medically intended.

TEACHERS GUIDE

DRUGS AND DRUG ABUSE

1969

PRELIMINARY UNIT

Revisions - 1970

A. Let's look at the problem:

1. What causes people to act (to satisfy needs)

a. Basic Physical Needs:

1. Survival
2. Thirst
3. Hunger
4. Sex
5. Physical Activity

b. Basic Psychological Needs:

1. Security
2. Sense of worth
3. Mutually agreeable interaction with others
4. Freedom and independence
5. Conformity
6. Variety
7. Religion and philosophy of life
8. Consideration for others
9. Implication of money or material things
10. Love
11. Achievement

2. Blocking of need satisfactions causes need tensions resulting in:

- a. Physical problems
- b. Psychological problems

3. Dealing with Problems:

a. Desirable approaches

1. Confrontation
2. Compromise

b. Undesirable approaches

1. Extreme defense employment (e.g. rationalization, projection, etc.)
2. Extreme escape employment (e.g., daydreaming, withdrawal, scapegoating, alcohol, drugs, etc.)

4. Dependence:

- a. Learned behavior that the user relies upon to decrease anxiety or provide temporary satisfaction.

1. Excessive eating
2. Excessive sleeping
3. Excessive use of alcohol
4. Abuse of drugs

5. Reasons for the use and abuse of drugs:

- a. Curiosity
- b. Social pressure
- c. Desire to please
- d. To relax
- e. To fulfill a purposeless life
- f. To shock the establishment
- g. Fear of unpopularity
- h. Boredom
- i. Rebellion against authority
- j. Despair and frustration

6. Difference between addicting and habit-forming drugs:

a. Addicting:

1. physical dependence
2. tolerance develops
3. withdrawal
4. psychological dependence

b. Habit-forming:

1. psychological dependence

7. Even though the penalties involved are severe, there is increasing abuse of substances that intoxicate, stimulate, depress, confuse, cause hallucinations, and, in general, disorganize individuals.

8. Results can be dangerous to everybody.

B. Chemicals and the body.

1. Reaction to same chemicals may vary from one individual to another.

C. How most of us use drugs:

1. Legal and illegal.

D. Precaution and safety.

1. F.D.A. establishes standard.
2. Labels, printed matter.
3. Information to avoid over-use of drugs.

E. The Drug user and the Drug Abuser.

1. User employs the drug properly; he is doing so to prevent, improve, or cure some undesirable physical or mental condition.
2. The drug abuser takes drugs; however, he disregards the items mentioned above and takes drugs for some purpose besides a particular medical condition.

F. Five categories of drugs and other chemical substances that are most often abused.

1. Classed rather loosely under the broad heading of:
 1. Stimulants
 2. Depressants
 3. Hallucinogenes
 4. Narcotics
 5. Malatiles
2. Abuse of these substances can cause injury to vital organs of the body, including the liver, heart, kidneys, and brain.
3. Abuse can lead to drug dependence.

G. Discuss:

1. Drug dependence
2. Physical dependence
3. Psychological dependence
4. Interrelationship of drug dependence

H. The Stimulants and Depressants.

1. Sometimes called the up-and-down drugs.
2. Stimulants (speed-up); depressants (slow down).
3. Estimated that about 20% of the barbiturates and over 40% of the amphetamines manufacutred yearly in the U. S. find their way into illegal outlets.

- I. Stimulants - amphetamines, pep pills, diet pills, amphetamine sulphate (benzedrine), dextro-amphetamine, methedrine (speed).
 1. Most amphetamines have characteristics of being able to stimulate directly the central nervous system.
 2. Feeling of general well being, energy, alertness and endurance.
 3. Discuss description and identification.
 - a. Often called "pep pills," "wake-ups," "eye openers," and "A's."
 - b. Medical use - to counteract mild depression, reduce appetite, narcolepsy (sleeping sickness) - also used as a nasal vasoconstrictor in treatment of colds - for obesity, menopausal depression, senility, grief.
 - c. Dependence - psychological, not physical. (Unless in an over-massive dose could cause psychosomatic reaction.)
 4. Amphetamines may result in psychological dependence.
 5. The dangers from amphetamines abuse are considerable. The abuser may exhibit:
 - a. Loss of appetite
 - b. Enlarged pupils
 - c. Restlessness
 - d. Tension and anxiety
 - e. High blood pressure
 - f. Irregular heart beat
 - g. Paranoid delusion
 - h. Suicidal attempts
 6. Controls - Drug Abuse Control Amendment (1965 - Federal)
 7. Comments:
 - a. Prescription only
 - b. Original prescription expires after six months
 - c. Only 5 refills permitted during this period
 - d. May be physically destructive - "burns out" body (overproduction of adrenalin)
 - e. Involved with stimulant - sedative cycle
- J. Depressants - Barbiturates ("sleeping pills," "barbs," "goofballs," "dexies," "rainbows," etc.)
 1. Specifics:
 - a. Medical use - sedation, insomnia, epilepsy, high blood pressure, nervous and mental conditions.

- b. Dependence - physical and psychological
- c. Tolerance - created.
- d. Abuse - drowsiness, staggering walk, slurred speech, coma, emotional instability.
- e. How taken - orally or by injection.
- f. Controls - Drug Abuse Control amendments (1956 - Federal).

2. Comments:

- a. Prescription only.
- b. Original prescription expires after six months.
- c. Only 5 refills permitted within this period.
- d. Dependence generally occurs only with the use of high doses for a protracted period of time.
- e. Combination of barbiturates and alcohol extremely dangerous.
- f. Names usually end in "al" (phenobarbital, amobarbital, pento-barbital).
- g. Capsules - usually colored.
- h. Produce physical and strong psychological dependence.
- i. Detoxication - extremely dangerous if not conducted under medical supervision - reduction of 1/4 grain for user may lead to lethal convulsions.
- j. Degree of user greater than opiates.
- k. Under medical supervision - safe and effective.
- l. More people die from barbiturate poisoning than from any other drug.

3. Withdrawal (symptoms of barbiturates):

- a. 8-12 hours after last dose (abuser starts to improve).
- b. 12-24 hours after last dose (increasing nervousness), headaches, anxiety, muscle twitching, tremors, weakness, insomnia, sudden drop in blood pressure.)
- c. 24-hours - symptoms severe.
- d. 36-72 hours - convulsions resembling epileptic seizures.
- e. May last as long as 8 days.
- f. Delirium tremors may develop.
- g. Convulsions may be fatal.

THE MARIJUANA CONTROVERSY

Without question, marijuana (Mary Jane) is the most controversial substance in drug abuse. It is difficult to find where bias and inaccuracy begin or end. Research is continuing, but the students will be faced with personal decision-making in their high school years as knowledge of drugs, and the availability of drugs increases. The following might be helpful:

A. Description and Identification

1. Plant (cannabis sativa) (hemp plant) grows easily in mild climates all over the world.
2. Described as a malarial cure as early as 2737 B.C. in China.
3. "Hashish" is the pure or liquid state of the seed heads of the plant.
4. Marijuana cigarettes (reefers, ticks, or joints) are much less potent than the "hashish." "Acapulco Gold" is the name given to the high-potency marijuana.
5. Under Federal law it is a narcotic, but it has the effect of an hallucinogen.
6. Other names include "grass," "pot," "weed," or "tea."
7. Most illegal marijuana is smuggled into the U. S. from Mexico.
8. Tetrahydrocannabinol (T.H.C.) has only recently (1967) been discovered as being the active ingredient of the marijuana plant. Studies therefore are in their infant stages. As a result marijuana is one of the least understood drugs to the average layman.

B. Effects

Most experts report no physical dependence on marijuana (not all agree, however), but serious psychological dependence may result.

Often, teen-agers who begin depending on marijuana, are unable to solve their problems in an adult world in a realistic way. Thus, it seems, our task

is to involve the student with the necessary knowledge of what drugs can do for man and what drug abuse may do to them as individuals. Certain of the following notes may be helpful to the teacher in preparing her class on Drugs and Drug Abuse.

1. Effects vary depending on:
 - a. Strength or potency of marijuana
 - b. Personality of the user
 - c. Emotions of the user at the time
 - d. The physical conditions of the user
2. Characteristic physical effects on a user:
 - a. Dilated pupils
 - b. Desire for sweets
 - c. Nausea
 - d. Less ability to coordinate body movements
 - e. Poor spatial perception
3. Characteristic psychological and emotional: (often in some combination of the following)
 - a. Reduction of inhibitions
 - b. Exaggeration of sensory perception
 - c. Anxiety and/or deep depressions (with repeated use).
 - d. Giggling and high feeling
 - e. Memory lapses
 - f. Illogical decisions
 - g. Hallucinations (with repeated doses)
 - h. Irritability toward friends
 - i. Laziness or indifference to surroundings
 - j. Ignoring the normal social restraints
 - k. Confusion

C. Marijuana and Tobacco - Marijuana and Alcohol

The students, often hearing the arguments from older friends, may in class try to condone the use of marijuana by bringing up two arguments relative to a comparison between marijuana and tobacco and between marijuana and alcohol.

Obviously, neither alcohol use or tobacco smoking, per se, can be condoned, and it is probably the easy way out to argue that all three should be avoided, but the students are likely to demand more than this type of simplistic solution. Thus, the arguments that "pot" is not injurious as is tobacco, and that it is safer than using alcohol or that it (pot) could be an acceptable substitute for alcohol will likely arise from time to time.

Some answers from the experts include:

1. Neither tobacco nor marijuana produces physical dependence.
2. Both can result in psychological dependence.
3. Use of marijuana may:
 - a. Reduce a person's ability to function normally - tobacco does not.
 - b. Change his sensory perception - tobacco does not.
 - c. Cause hallucinations - tobacco does not.
 - d. Make him a dangerous driver - T.D.N.
 - e. Intoxicate the user - T.D.N.
 - f. Make him violent - T.D.N.
 - g. Have one or a combination of the above effects on the user - T.D.N.
 - h. Lead to the use of more dangerous substances for kicks, consolation or escape - T.D.N.

- i. Be used as a substitute for alcohol. India had for a time strict laws regulating the use of alcohol and one restricting the use of bhang (marijuana); their experience was that alcohol control was no easier.

Finally, a stress might be made that:

1. Alcohol is a depressant, marijuana a mild hallucinogen. Thus, after much alcoholic intake, a period of immobilization is likely, while marijuana, with both stimulant and depressant properties, is likely to make a person highly active and sometimes will cause him to follow a dangerous pattern of behavior.
2. Many users of alcohol consume it in limited quantities to relax, not to seek intoxication, while the users of marijuana generally attempt to achieve intoxication.

However, these arguments are intended only to answer the negative analogies many students use to legalize marijuana by comparing one poison to another. The wise young person, it should be stressed, will realize that it is best to avoid all these depressants and stimulants and to seek their "highs" or "kicks" with, as the Greeks used to say, "a healthy mind in a healthy body," or as the girl in the movie on drug abuse (Pat or Joan?) proclaimed, without drugs or alcohol, one with a healthy outlook on life can get high on "a ray of sunshine."

NARCOTICS

Drugs which produce euphoria, tranquility, drowsiness, unconsciousness, or sleep. All produce physical and psychological dependence. They are not harmful to society or the individual if properly handled.

A. Opium

1. Used as far back as 1500 B.C.
2. Less significant problem than other narcotics in this country.
3. Milky juice extract from unripe seeds of opium poppy which is processed to a dark gummy extract with a bitter taste.
4. Seldom used by American addicts.

B. Morphine

1. Named after Morpheus, Greek god of dreams.
2. Very valuable in relieving severe pain.
3. Causes physical and psychological dependence.
4. Overdose deadly.
5. Fine, white powder usually "cut" with milk sugar (lactose) or other substances.
6. Usually distributed in "bag" or "cap."
7. Tolerance is created.
8. Abuse causes drowsiness or stupor; pinpoint pupils.
9. Taken orally, injected, sniffed.
10. Legally available under prescription only. Doctors usually avoid long use to prevent "accidental addiction."
11. Controls - Harrison Act (Federal).

C. Heroin

1. Of those dependent on hard drugs, 92% are on heroin.

2. Produced by the introduction of an inexpensive chemical into morphine.
3. Several times more powerful than morphine.
4. 2.2 lbs. (kilo) of pure heroin worth 10-15 thousand dollars.
5. Cut, or diluted, with powdered milk or powdered sugar, it ends up (the kilo) worth perhaps a million dollars.
6. Produces same general effect as other narcotics.
7. Also loss of appetite, malnutrition and constipation.
8. Major danger - user never sure how much he is taking and the tolerance builds rapidly, thus more and more is needed.
9. Unsterilized needles spread hepatitis.
10. "Withdrawal" is described in "Drug Abuse" (California Department of Education).
11. User will do anything to maintain his supply, often breaking the law.
12. Medical use - to relieve pain (illegal in the United States even to the medical profession).
13. Controls: Harrison Act (Federal).

D. Codeine
(Derivative of opium) - about 1/6 strength - Cheracol, Cosanyl

1. Pain reliever, used extensively in cough medicines.
2. Being restricted in some states.
3. Dependence both physical and psychological.
4. Tolerance cheated.
5. Abuse - causes drowsiness, stupor, pinpoint pupils.
6. Controls - Harrison Act (Federal).
7. Can be obtained without prescription in some states.

E. Cocaine

1. Legally classed as a narcotic.
2. Often mixed with other drugs.
3. Strong psychological dependence but no physical dependence.
4. White, odorless, fluffy powder obtained from coca plant (South America) - not the same as cocoa plant.
5. Users called "Snowbirds."
6. Chronic user may have unusual physical symptoms, such as the feeling that insects are crawling under his skin.
7. Medical use - local anesthetic (rare today).
8. Tolerance - controversial.
9. Abuse - extreme excitation, tremors, hallucination, may produce euphoria; a sense of increased muscle strength, anxiety and fear, pupils dilate, increase in heartbeat and blood pressure, stimulation followed by periods of depression, may depress heart and respiratory functions so that death occurs.
10. Taken - sniffed or injected.
11. No withdrawal symptoms.
12. Control - Harrison Act (Federal).

F. Paragoric

1. Medical use - to control diarrhea; to reduce discomfort of teething.
2. Dependence - physical and psychological.
3. Tolerance - created.
4. Abuse - drowsiness, pinpointed pupils, stupor.
5. Taken - orally.
6. Controls - Harrison Act.
7. Prescription not needed in some states.

G. Synthetic Opiates

1. Meperidine (morphine-like drug) - takes name "Demeral".
 - a. Medical use - to relieve pain.
 - b. Dependence - physical and psychological.
 - c. Tolerance - created.
 - d. Abuse - similar to morphine.
 - e. Taken - orally or injected.
 - f. Shorter acting than morphine - withdrawal symptoms appear quickly. Prescription only.
 - g. Controls - Harrison Act (1944).
2. Methadone
 - a. Medical use - to relieve pain - used to block craving for heroin in some individuals.
 - b. Dependence - physical and psychological.
 - c. Tolerance - created.
 - d. Abuse - same as morphine - longer acting than morphine - withdrawal symptoms develop more slowly - are less intense and more prolonged.
 - e. Taken - orally or by injection.
 - f. Controls - Harrison Act (1953).

H. General Effects of Narcotics

1. State of euphoria may be produced. Sensitivity to physical and psychological stimuli may be reduced.
2. Addict may become lethargic and indifferent to his environment and personal situation.
3. Anxieties, fears, tensions may be dulled.
4. Pregnant women may produce addicted children.
5. Side effects - nausea, vomiting, constipation, itching, flushing, constriction of pupils, respiratory depression.

I. Hallucinogens - LSD, Acid, Cubes, Big D, DMT, S.T.P.

1. What they are - LSD derives its name from the colorless, odorless substance of which it is made - lysergic acid diethylamide. It comes from the semi-synthetic derivative of the ergot fungus of rye, a black substance that grows on the grain. The easiest way to produce it involves a basic parent substance, several hours of laboratory time, and relatively uncomplicated equipment. Other hallucinogens are DMT (dimethyltryptamine), an extremely powerful drug similar to LSD; mescaline, a chemical taken from the peyote cactus; and psilocybin, which is synthesized from Mexican mushrooms.
2. How taken - orally, as tablets or capsules. However, the properties of hallucinogenic drugs are such that they can be disguised as various powders or liquids commonly encountered on the person or in the household. Saturated sugar cubes are often used, but authorities have also found LSD on chewing gum, hard candy, crackers, vitamin pills, aspirin - even on blotting paper and postage stamps. As little as 100 micrograms of LSD can produce hallucinations lasting for hours.
3. Effect: Users experience distortion and intensification of sensory perception, along with loosened ability to discriminate between facts and fantasy. The mental effects are quite unpredictable but may include illusions, panic, psychotic or antisocial behavior, and sometimes impulses toward violence and self-destruction. Persons on LSD "trips" often speak of seeing sounds, tasting colors, smelling noises, and so on.
4. How spotted: There may be no outward signs of drug intoxication; however, 20 to 45 minutes after taking LSD, the user may become extremely emotional, shifting moods frequently and laughing or crying uncontrollably. He may be unresponsive to his environment, and meaningful communication may be difficult. One tip-off: there is a very noticeable dilation of the pupils and dark glasses are often worn even at night.
5. Dangers: The threat of violence - either by or against the user - always accompanies the use of hallucinogenic drugs. Serious mental changes, psychotic manifestations, nervous breakdowns and suicidal tendencies can also result. Medical evidence has been advanced to show that LSD induces chromosome breakdowns, which, in turn, may lead to physical or mental abnormalities in chronic users or their offspring. This claim was strengthened recently with the first authenticated report of a deformed baby being born to a girl who took LSD while pregnant.

VOLATILE CHEMICALS

Definition: A substance that changes easily into a vaporgas.

A. Glue

1. Inhaled from rag or paper bag with glue squeezed in.

2. Effects of:

- a. Tingling sensation
- b. Intoxication
- c. Irritability
- d. Irresponsible actions (homicidal)
- e. Possible loss of consciousness and coma
- f. Inflamed eyes and swollen nose, throat, and lung tissue
- g. Nausea, vomiting, appetite and weight loss
- h. Continued sniffing damages bone marrow, brain, nervous system, kidneys, liver and heart
- i. Any of the above may result in death

3. Who are the glue sniffers?

- a. Younger than abusers of other drugs.
- b. Low-economic groups.

B. Other Volatile Liquids

1. Lacquer and lacquer thinner, shellac, carbon tetrachloride, keorsene, benzine, ether and marking-pencil fluid are examples.

THE LAW AND DRUG CONTROL

A. Harrison Act 1914

B. Narcotic Drugs Import and Export Act 1922

C. Marijuana Tax Act 1937

D. Opium Poppy Control Act 1942

E. Boggs Act 1951

F. Narcotics Control Act 1956

G. Drug Abuse Control Amendments 1965

The law is clear,
The penalties are severe,
The odds are poor,
But
The choice is Yours!

THE MAKING OF A DECISION

(Point out to student to consider the following)

- A. A problem of the individual.
- B. A problem of society.
- C. A legal problem.
- D. A medical and psychological problem.
- E. Physical and/or psychological dependence.
- F. The danger of ignorance.
- G. Unpredictable and uncontrollable reactions.
- H. Extended or recurring reactions.
- I. Loss of purpose and energy.
- J. Impaired judgment.
- K. A traffic hazard.
- L. A criminal record.
- M. The extravagant cost.
- N. The ultimate questions: Does it solve your problems or create a bigger problem? IS IT WORTH IT?

ALTERNATIVES TO THE USE OF DRUGS

What can be done to guard against abuse?

- A. The only sane policy is complete avoidance except under the care of a doctor.

B. Adopt a sound mental health habit.

1. Develop an attitude toward stress, tension, anxiety and pain as useful signs of hidden problems.
 - a. Define your problem.
 - b. Try to find a positive way to solve your problems.
 - c. Substitute a worthwhile project.
 - d. Learn to live with situations that can't be changed immediately.
2. Consult a qualified professional for help with chronic unhappiness.

DRUG SEMINAR
Grades 9, 10, 11, and 12

This course is to be offered to all freshmen, through their science class, and on a voluntary basis to students who have study periods which coincide with the periods in which it will be presented. It is planned that the course will be offered in all seven periods during the school year. The intent is that there be as much flexibility as feasible in the presentation of the course.

First Day Introduction to the seminar.

Distribute outline of the materials to be presented and indicate the materials available to the students in the guidance office.

Explain the use of drugs in American society today and the types of drugs which are most commonly abused; amphetamines, barbiturates, opiates, toxic drugs, and hallucinogens.

Pamphlet: Drugs of Abuse

The Drug Scene: Growth of drug abuse illustrated by current statistics.

The scene in Framingham and surrounding areas.

Discussion: Topics covered and what is to be covered in subsequent meetings.

Second Day Amphetamines and Barbiturates

Effects on the individual: physical and psychological.

Abuse of the drugs.

Dependence on the drugs.

The short and long-range effects.

Discussion: Questions from the students and questions from the instructor.

Third Day Marijuana

Discussion will center around description and identification of marijuana, the physical and psychological effects (case studies), marijuana, alcohol and tobacco; how marijuana is abused, marijuana and the law.

Fourth Day Marijuana

Introduction: Marijuana awareness packet (simulates actual smell of grass.)

Distribute marijuana jargon and usage sheet.

Discussion: The marijuana scene, how obtained, how smoked, and those people involved with abuse in local areas.

Police and courts involvement.

Record: Drugs: Abuse and Use, followed by discussion on pros and cons - Marijuana

Fifth Day Hallucinogens

Introduction: Film, L.S.D. - Insight or Insanity

Discussion: will involve the effects of the drug on people and the abuse of the drug in our society - physical and psychological effects.

Sixth Day L.S.D.

Introduction: Distribute pamphlets: "L.S.D. - Some Questions and Answers"

Discussion: Centered around questions raised by students.

Focus on the problem in the Framingham area.

Discussion: S.T.P., D.M.T., Mescaline, Peyote, "68", etc.

Seventh Day - Narcotics

Introduction: Film, Pit of Despair (withdrawal sequence) - barbiturates withdrawal)

Discussion: Effects of narcotics and long-range effects, local problems of narcotic abuse.

Eighth Day Narcotics

Introductions: Video tape, Phoenix House (40 min.)

Ninth Day Narcotics

Introductions: Discussion of the video tape: Phoenix House
Tape of local teenager and his experiences with drugs, followed
by discussion.

Tenth Day Volatils - (Glue, gas, Morning Glory seeds, etc.)

Physical and psychological effect.

Summary of material covered.

General discussion of all aspects of the problem of drugs
abuse and what teenagers should do about the problem.

GLOSSARY OF DRUG ABUSE TERMS

Although it is not recommended that the teacher give support to the drug sub-culture by adopting the slang of the abuser, there should be sufficient familiarity with the more common terms so that a communication gap does not develop. Some of the "in" terms and their definitions are provided for this purpose.

The language or terminology of those involved with the drug scene can vary greatly from one geographical location to another or can even vary from one sub-culture group to another within the same geographical area and may change frequently. A few commonly used terms follow:

I. Expressions associated with dangerous drugs

A. Formal Usage

1. Amphetamines
 - a. Methamphetamine
 - b. Benzedrine
 - c. Dexedrine
2. Barbiturates
 - a. Nembutal (phenobarbital)
 - b. Seconal
 - c. Sodium amytal
 - d. Tuinal (amobarbital and secobarbital)
3. Barbiturates mixed with amphetamines and the like
4. Dangerous drug user
5. Under the influence of barbiturates
6. Intoxication after using benzedrine
7. Subcutaneous use
8. Oral use
9. Methadone (dolophine)
10. Combination of dextroamphetamine and amphetamine
11. Phenobarbital

B. Jargon

1. Magic vitamin, ups, cartwheels, pep pills, wakers, crystals (powder form)
 - a. speed, methedrine
 - b. bennies
 - c. dexies
2. barbs, downs, sleepers
 - a. yellow jackets, yellow
 - b. reds, red devils, redbirds, secies
 - c. Blue Heaven, blue velvet, blue angels
 - d. rainbow, tooies, Christmas trees
3. Goofballs
4. Pill freak, pill head, pilly
5. goofed up
6. benny jag, high
7. joy pop
8. drop
9. dolly
10. footballs
11. purple hearts

II. Expressions Associated with Volatile Chemicals

A. Formal Usage

1. Glue sniffer
2. Sniffing gasoline fumes
3. Cloth material or handkerchief saturated with the chemical

B. Jargon

1. gluey
2. gassing
3. glad rag, wad

III. Expressions Associated with Marijuana

A. Formal Usage

1. Marijuana
2. Marijuana cigarette
3. Marijuana butt
4. A quantity of marijuana cigarettes
5. Marijuana container
6. Light a marijuana cigarette
7. Smoke a marijuana cigarette
8. Young person starting to use marijuana
9. Marijuana smoker or user
10. Marijuana smoking party
11. Under the influence of marijuana
12. Male marijuana with heavy resin, hashish
13. 1 lb. marijuana
14. Kilo, 2.2 lbs.

B. Jargon

1. Charge, grass, hay give, muggles, pot, tea, T
2. Jive stick, joint, Mary, Mary Jane, pot, reefer, stick, twist, weed
3. Roach
4. stack
5. can, match box
6. Take up, torch up, turn on
7. Blast, blast a joint, blow a stick, blow hay, blow jive, blow tea, blow pot, do up, get high
8. Youngblood
9. Grasshopper, hay head, head
10. Blasting party, tea party
11. Flying high, high, on the beam, out of this world, wayout
12. hash
13. a bale
14. (key). (kee)

IV. Expressions Used with LSD

A. Formal Usage

1. LSD
2. One who takes LSD
3. Under the influence of LSD
4. An unpleasant experience with LSD
5. Emerging from an LSD experience or "trip"
6. Vicarious experience that occurs by being with someone who is on a "trip"
7. Sugar cube or wafer impregnated with LSD
8. A deprecatative term applied by LSD users to social conformity and to the normal activities, occupations, and responsibilities of the majority of people.
9. An LSD "trip"
10. A pseudo experience obtained through the use of lights and sounds; to have the same type of experience that one has with a drug
11. Parties or sessions where LSD is used
12. The feeling a person experiences while he is under the influence of LSD
13. An experienced LSD user who helps or guides a new user
14. The experience one has when under the influence of LSD
15. The act of taking LSD; initiating an LSD "trip"
16. Feeling the effects of LSD

B. Jargon

1. Acid, 25
2. Acid head
3. Bent out of shape, on a "trip"
4. Bumner (bum trip, bad trip), bad scene, freak out
5. coming down
6. Contact high
7. Cube or wafer
8. Ego games
9. experience
10. happening
11. kick parties
12. Out of the body, outside of myself
13. Sitter, tour guide, travel agent, guru
14. trip or voyage
15. Turning on
16. Tuning in

V. Expressions Associated with Narcotics

A. Formal Usage

1. Morphine
2. Heroin
3. Morphine or heroin mixed with cocaine
4. Cocaine
5. Dose of a narcotic
6. Various amounts of a narcotic
7. Small packet of narcotics
8. To adulterate narcotics
9. Low grade narcotics
10. Paraphernalia for injecting narcotic
11. Any main vein used for injecting narcotics
12. One who injects narcotics into vein
13. An injection of narcotics
14. To sniff powdered narcotics into nostrils
15. In possession of narcotics
16. Occasional user of narcotics
17. Regular user or addict

B. Jargon

1. Dope, junk, M, stuff, white stuff
2. Dope, H, hard stuff, horse, junk, smack, sugar, white stuff
3. Speedball
4. Big C, gin, candy, Charlie
5. Fix, jolt, shot
6. Bag, bird's eye (extremely small amount), cap, paper piece (1 oz., a large amount, usually heroin), taste, things.
7. Bag, balloon, bindle, deck, foil, paper
8. To cut, to sugar down
9. Blank
10. Biz, business, dripper, dropper, factory, fit, gun, joint, kit, layout, machinery, outfit, point, spike, works, artillery
11. Mainline
12. Hype, junkie, mainliner
13. Bang, fix, hit, jolt, pop, shot
14. Horn, smack, sniff, snort
15. Dirty, holding
16. Chippy joy, popper, skin popper
17. Hooked, on the stuff

- | | |
|---|---|
| 18. Under influence of narcotics | 18. Goofed up, high |
| 19. Narcotic | 19. Habit |
| 20. Attempt to break | 20. Kick, kick the habit, sneeze it out |
| 21. Method of curing the addiction without tapering off | 21. Cold, cold turkey |
| 22. Desire for narcotics | 22. Yen |
| 23. Nervous, or jittery because of need or desire for narcotics injection | 23. Frantic, sick, panic |
| 24. To counteract a high by application of a mood changing substance | 24. Bring down |
| 25. Strip of paper wrapped around a dropper to make a tight fit with a needle | 25. Collar |
| 26. Cotton - to remove minerals from boiler before injection | 26. Strainer, wad |
| 27. To heat drugs dilute with water in spoon or bottle cap | 27. Cook, cooker |
| 28. Needle marks on skin | 28. Tracks |
| 29. Needle | 29. Spike |
| 30. To allow blood to come back into syringe during intravenous injections | 30. Back up, backward |

VI. Various Expressions

A. Formal Usage

1. Dealer in drugs
2. To have drugs
3. To try to get drugs
4. To buy drugs

B. Jargon

1. Connection, peddler, pusher, the man
2. To dirty, to be holding
3. To buzz, to hit on, to make it
4. To connect, to make a meet, to score

5. Money	5. Bread (from dough), long green
6. To have money	6. To be flush, heeled
7. To understand	7. To be hep, hip, savvy, dig
8. Police Officer (the law)	8. Fuzz, heat, the man, narco
9. Uniformed officers	9. Harness bulls
10. Juvenile Officers	10. Juvies
11. Marked patrol cars	11. Blacks and whites
12. Arrested	12. Been had, busted
13. Effect of drug	13. Bang, boot, buzz, coasting
14. Party	14. Ball, blast
15. Non-user	15. Cube, square, straight
16. User without any "junk" on person or premises	16. Clean
17. Ending of a drug experience	17. Landing, come down
18. To be in tune with the modern scene; to handle life's situations in a satisfactory manner	18. Cool
19. Withdraw	19. Cop out
20. Doctor	20. Croaker
21. Prescription	21. Script
22. \$5 worth of heroin	22. Nickel bag
23. \$10 worth of heroin	23. Dime bag
24. Overdose of drugs	24. Hot shot O.D.
25. To run	25. Split
26. To hide drugs	26. Stash
27. Loss of interest	27. Turned off

28. To break with personal reality

29. Amphetamine injection

30. Shoplift

31. Scarcity of drugs

28. Blow one's mind

29. Bombita, bombito

30. Boost

31. Hung up, panic

RESOURCE MATERIAL

BOOKS

"Drugs and Society," by Bernard Barber. Russell Sage Foundation, New York, 1967.

Medical Readings on Drug Abuse. Oliver E. Byrd, Addison-Wesley Publishing Co., Reading, Massachusetts 01867. 1970.

Drugs I: Society and Drugs: Social and Cultural Observations. College and High School Observations. Richard Blum & Associates, Jossey-Bass, Publishers, San Francisco. 1969.

Drugs II: Students and Drugs. College and High School Observations. Richard Blum & Associates, Jossey-Bass, Publishers, San Francisco. 1969.

The Drug Dilemma, by Sidney Cohen. McGraw-Hill, New York. 1969

A Guide for the Professions: Drug Abuse Education. American Pharmaceutical Association. Write for copies to: Bureau of Narcotics and Dangerous Drugs, Department of Justice.

Drug Abuse: A Primer for Parents (35 for \$1.00)
Publications-Sales Section, National Education Association, 1201 Sixteenth Street, N. W., Washington, D. C. 20036

Drugs: Their Use and Abuse in Our Society.
A programmed learning text. Dr. Edward Sumner, Associate Professor of Pharmacology, University of Georgia

Drug Abuse. A Source Book and Guide for Teachers. California State Department of Education, Max Rafferty, Supt. of Public Instruction, Sacramento. 1967

The Pleasure Seekers: The Drug Crisis, Youth and Society, by Joel Fort. Bobbs-Merrill Co., New York. 1969

Drugs From A to Z: A Dictionary. Lingeman, Richard R. McGraw-Hill, New York. 1969.

The Making of a Counter Culture, by Theodore Roszals. Doubleday & Co., Garden City, New York

Youth and the Drug Problem, Henry Van Dyke. Ginn and Company, Boston, Mass.

The Drug Scene: Help or Hang-up? Walter L. Way, M.D. Prentice-Hall, Inc., Englewood Cliffs, New Jersey.

PAMPHLETS

"A Doctor Discusses Narcotics and Drug Addiction"

Louis Relin with Robert L. Sharoff, M.D. Budlong Press Co., Chicago, Ill.

A Time Guide to Drugs and the Young. 1970

Adolescence for Adults. Blue Cross Association, 1969. 840 North Lake Shore Drive, Chicago, Illinois 60611

Answers to the Most Frequently Asked Questions About Drug Abuse. Superintendent of Documents, Government Printing Office, Washington, D. C. 20402 - 25¢

Before Your Kid Tries Drugs. National Institute of Mental Health. Public Health Service Publication #1, Superintendent of Documents, Government Printing Office, Washington, D. C. 20402 - 25¢

Darkness on Your Doorstep. Los Angeles County Dept. of Community Services, 1851 South Westmoreland Ave., Los Angeles, Calif. 90006

Don't Guess About Drugs When You Can Have the Facts. National Clearinghouse for Mental Health Information, Publication #1006. 20¢

Drug Abuse - A Dead End Street. H. K. Simon Co., Birnbach, South Dakota. 1967.

Drug Abuse: The Chemical Cop-Out. National Association of Blue Shield. 1969

Drug Abuse - The Empty Life. 1967

Drug Abuse - Escape to Nowhere. A Guide for Educators. Smith, Kline and French Laboratories.

Drug Abuse - Game Without Winners. Armed Forces Information Service, Department of Defense, Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402 - 50¢

Drugs - Facts on Their Use and Abuse. N. Houser and J. B. Richmond. Scott, Foresman Co. 1969

Drugs and You. Armed Forces Information Service, Department of Defense, Dod-FS-51, DaPam 360-602

Facts You Should Know About Drugs and Narcotics. John Stevens, 3135 Louise St., Lynwood, California. 5¢

Fact Sheets. Bureau of Narcotics & Dangerous Drugs, U. S. Department of Justice, Washington, D. C. 20537. 50¢

Hooked. Public Health Service Publication #1610, National Institute of Mental Health, U. S. Government Printing Office, Washington, D. C.

LSD, Marijuana, Narcotics, The Up and Down Drugs - Some Questions and Answers.

The National Institute of Mental Health, U. S. Department of Health, Education, and Welfare, Washington, D. C.

Narcotic and Harmful Drug Laws. Commonwealth of Massachusetts, Department of Public Health.

Resource Book for Drug Abuse Education. U. S. Department of Health, Education, and Welfare. Superintendent of Documents, Government Printing Office, Washington, D. C. 20402. \$1.25.

The Crutch That Cripples. Committee on Alcoholism and Drug Dependence, Council on Mental Health, American Medical Association, Chicago, Illinois 60610

What About Marijuana? #436

What We Can Do About Drug Abuse. #390

Jules Sammar, Public Affairs Pamphlet, 381 Park Avenue South, New York, N.Y. 10016. 1970. 25¢

RECENT ARTICLES

<u>Article</u>	<u>Author</u>	<u>Magazine</u>	<u>Date</u>
A Town in Trouble		Life	March 21, 1969
Breaking the Habit, First Victims of the World's Toughest Narcotics Law		Time	December 26, 1969
Drugs and the Young		Time	September 26, 1969
Drugs Are Your Problem	David C. King	American	May 9, 1970
Drugs, Parents and Adolescents	A. Talmey	Vogue	January 1, 1970
Drug Scene: High Schools are Higher Now		Newsweek	February 16, 1970
Growing Drive Against Drugs		U.S. News	December 15, 1969
Kids and Heroin: The Adolescent Epidemic		Time	May 16, 1970
Little Less Illegal; Marijuana Proposals		New Republic	November 8, 1969
Marijuana and Other Relevant Problems	J. Joseph Tauro	American Criminal Law Quarterly Vol. 7, No. 3	Spring, 1969
Marijuana: It's Big Business Now		U.S. News	April 20, 1970
New Move For Reform		Time	October 24, 1969
Nixon Drug Law: A Crucial Fault		Life	September 5, 1969
Penalties and Programs; National Drive Against Narcotics and Other Drugs		Time	July 25, 1969

Pill Popping	A. Talmey	Vogue	November 15, 1969
Speed Demons; Treacherous Pep Pills		Timer	October 31, 1969
Speed is of the Essence	Gail Sheehy	New York	July 21, 1969
Students and Drug Abuse		N.E.A. Journal	March, 1969
Surprise Inside: Strange Effects of Drugs	Charles Carner	Today's Health	April, 1967
Youth and Drugs - Guidelines for Teachers	Donald J. Wolk	Social Education	October, 1969
Unselling Drugs; Antiding Education and Advertising	D. Sanford	New Republic	February 28, 1970

FILMSTRIPS

"Drugs in Our Society"
Society for Visual Education
1345 Diversey Parkway
Chicago, Illinois
(6 film set)

"The Drug Information Series"
Guidance Associates of Pleasantville, New York 10570
(7 film set)

VIDEO TAPES

"Drugs"

"Phoenix House"

"The Drug Scene"

"Pit of Despair"

"Hooked"

"Speed Scene"

"Marijuana"

All of the above are available at Framingham North High School.

ADDITIONAL INFORMATION

Addiction Research Center
USPHS Hospital
Lexington, Kentucky 40508

Alcoholism and Drug Addiction Research
Foundation, 344 Bloor Street West,
Toronto 4, Ontario, Canada

American Institute of Family
5287 Sunset Blvd.
Los Angeles, California

American Medical Assn.
535 North Dearborn Street
Chicago, Illinois 60610

American Public Health Assn.
224 East Capitol Street
Washington, D. C.

American Pharmaceutical Association
2215 Constitution Avenue NW
Washington, D. C. 20037

American Social Health Assn.
1790 Broadway
New York, N. Y. 10019

American Social Health Assn.
1740 Broadway
New York, N. Y. 10019
Narcotics Advisory Committee A.S.H.A.

Bureau of Narcotics & Dangerous Drugs
U. S. Department of Justice
1405 I Street N. W.
Washington, D. C. 20537

Clinical Research, Nastonal Institute
of Mental Health, Dept. of Health,
Education & Welfare
Lexington, Ky. 40501

Food and Drug Administration
200 C Street S. W.
Washington, D. C. 20204
Attn: Consumers Inquiries

Family Life Publications, Inc.
Box 6725
College Station
Durham, North Carolina

Hogg Foundation for Mental Health
University of Texas
Austin, Texas

International Narcotic Enforcement
Officers Association, Inc.
178 Washington Avenue
Albany, N. Y. 12210

Interstate Narcotics Assn.
P. O. Box 1725
Patterson, New Jersey

Mental Health Materials Center
1790 Broadway
New York, N. Y. 10019

Metro
P. O. Box 70
Wethersfield, Conn. 06109

Narcotics Education, Inc.
P. O. Box 4390
6830 Lanell St., N.W.
Washington, D. C. 20012

Narcotics Institute
California State College
Los Angeles, California
Edward Bloomquist, M.D.

National Association for the Prevention
of Addiction to Narcotics
Hotel Astor, Room 232
Times Square, New York, N.Y. 10037

National Association of Retail Druggists
1 East Wacker Drive
Chicago, Illinois 60601

National Coordinating Council on Drug Abuse
Education and Information
P. O. Box 19400
Washington, D. C. 20036

Health Education Council
10 Downing Street
New York, N. Y.

Health Publications Institutes
216 North Dawson Street
Raleigh, North Carolina

National Education Association
1201 16th Street N. W.
Washington, D. C.

National Family Council on Drug Addiction
401 West End Avenue
New York, N. Y. 10025
(Committee on Drug Addiction & Narcotics)

National Health Council
1790 Broadway
New York, N. Y. 10019

National Institute of Health
Bethesda, Maryland

National Institute of Mental Health
Public Inquiries Branch
5454 Wisconsin Avenue N. W.
Chevy Chase, Maryland 20015

National Research Council
National Academy of Science
2101 Constitution Avenue N. W.
Washington, D. C. 20037
(Committee on Drug Addiction & Narcotics)

Pharmaceutical Manufacturers Association
Committee on Narcotics
1155 15th Street N. W.
Washington, D. C. 20005

Public Health Education Section
Connecticut State Dept. of Health
79 Elm Street
Hartford, Connecticut

National Council on Crime & Delinquency
44 East 23rd Street
New York, N. Y. 10017

Smith, Kline & French Laboratories
1500 Spring Garden Street
Philadelphia, Pa. 19101

SPRED
P. O. Box 423
Norwalk, Connecticut 06856

Superintendent of Documents
Drug Abuse Control Act of 1965
Washington, D. C.

Synanon House
California

Tufts, New England Medical Center
171 Harrison Avenue
Boston, Mass. 02111

U. S. Dept. of Health, Education & Welfare
330 Independence Avenue S. W.
Washington, D. C.

United Community Services of Metropolitan
Boston (Marion Freedman)
Boston Planning Department
United Community Services
14 Somerset Street
Boston, Mass. 02108 (Tel: 742-2000, Ext. 337)

United States Public Health Service
7915 Eastern Avenue
Silver Springs, Maryland 20910

United Nations Commission on Narcotic Drugs
United Nations
New York, N. Y. 10017

World Health Organization
1501 New Hampshire Ave. N. W.
Washington, D. C.